STANDARD CERTIFICATE OF DEATH Start File No. 1956 REG. DIST. NO. 28 PRIMARY REG	00 []	THE DIVISION OF HE		DI • -01 0011	
Second County Consider controls limite, with RUTAL and circe County Consider controls limite, with RUTAL and circe County Consider companies County Consider County Count	BUSA LAW .	STANDARD CERTIF	FICATE OF DEATH	State File No	40384
1. PLACE OF DEATH 2. COUNTY Greene 1. CITY of condete corrows linds, write RURAL and give 3. CITY of condete corrows linds, write RURAL and give 3. CITY of condete corrows linds, write RURAL and give 3. TOWN Springfield 3. FULL MANE Of the set is abouted or institution, dive stores deferme or location. 4. FULL MANE Of the set is abouted or institution, dive stores deferme or location. 5. SEX 3. NAME Of the set is abouted or institution, dive stores deferme or location. 6. CITY (If condete corporate linds, write RURAL and give. 6. CITY (If condete corporate linds, write RURAL and give. 7. MARKED NEEDE MARKED. 9. AME (If the stores of the set in location) 8. SEX 5. SEX 6. COLOR OR RACE 7. MARKED NEEDE MARKED. 9. AME (In write and location) 10. LISUAL OCCUPATION (City laided of work) 10. LISUAL OCCUPATION (City laided) 11. AME OF JUSAMD OR WIFE 11. LISUAL OCCUPATION (City laided) 11. AME OF JUSAMD OR WIFE 11. LISUAL OCCUPATION (City laided) 11. AME OF JUSAMD OR WIFE 11. LISUAL OCCUPATION (City laided) 12. LISUAL COLORADO OR WIFE 13. ANTELED NOTE OF SEX ANTELED NO	BIRTH NO.	REG. DIST. NO/28_	PRIMARY REG. DIST. NO.	2000 Registrar's No	2032
B. CHY CH contain corporate limits, write RURLA and give inversal property of TOWN Springfield Servations of Solution Monthly Monthly March 7 (19 contained by the Servations of Solution Monthly Monthly March 7 (19 contained by the Servations of Solution March 7 (19 contained by the Servations of Solution March 7 (19 contained by the Servations of Solution March 7 (19 contained by the Servations of Solution March 7 (19 contained by the Servations of Solution March 7 (19 contained by the Servations of Solution March 7 (19 contained by the Servations of Solution March 7 (19 contained by the Servations of Solution March 7 (19 contained by the Servations of Solution March 7 (19 contained by the Servation March 7 (19 containe) COUNTY "		12 USUAL RESIDENCE	(Where deceased lived. If in	stitution: residence before
d. FULL NAME OF ET ADDRESS (3 FORET ADDR	II UR .	**************************************	c. CITY "(If outside corporate limi	its, write RURAL and give tow	
ANAME OF DECEASED GTace Type or Prival) S. SEX Female Note of the color of RACE Note of the color of RACE S. SEX Female Note of the color of RACE Note	d. FULL NAME OF (If not in bospital	or institution, give street address or location)	d. STREET (If rem	l, give location)	ne r
S. SEX S. COLOR OR RACE 7. MARRIED NEVER NEVER MARRIED NEVER	3. NAME OF a. (First) DECEASED		c. (Last)	4. DATE (Month)	(Day) (Year) 2. 1950
AND A COLORNY 13a. Father's make Joshua K. Speer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Me. good to according to the continuation of the c	Female / White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Spacety)	8. DATE OF BIRTH	1 9. AGE (In years) of theme	I YEAR IF SHOER IS HES.
13b. MOTHER'S MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 12beth J Dishongh 14. NAME OF MUSSAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, top-or unknown) 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH 18. ECUBITY 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH 18. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH 18. CAUS	10a. USUAL OCCUPATION (Give kind of we done during most of working life, even if retir Retired Ame	ork 10b. KIND OF BUSINESS OR IN- DUSTRY			12. CITIZEN OF WHAT COUNTRY?
CAUSE OF DEATH Enter only one course per thing of the services of the most of services of the services of th	Joshua K. Speer	Elizabeth J	• Dishongh	Х	
Enter only one cause por Iline for (a), (b), and (c) "Tale does not mean the discussed spring, such as heart failure, asthenia, face. It means the discussed death. II. OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about SUICIDE NOMICIDE N	15. WAS DECEASED EVER IN U.S. ARMI (Yee, no. or unknown) (II yee, sive year or de ITO NO	D FORCES? 16. SOCIAL SECURITY Unknown NO.	17. INFORMANT'S SIGN American 'ed C	ross Spild,	Mo. ADDRESS
The mode of string, such as heart failure, asthemia, etc. It means the discussed of stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21a. ACCIDENT (Boselty) SUICIDE HOMICIDE 21d. PLACEOF INJURY (e.g., inor about bome, farm, fastory, streat, efficie bidg, sec.) FINURY 21d. Time (Month) (Day) (Yaw) (Bow) (21d. Injury OCCURRED WORK) 21d. Time (Month) (Day) (Yaw) (Bow) (21d. Injury OCCURRED WORK) 21d. Time (Month) (Day) (Yaw) (Bow) (21d. Injury OCCURRED WORK) 21d. Time (Month) (Day) (Yaw) (Bow) (21d. Injury OCCURRED WORK) 21d. Time (Month) (Day) (Yaw) (Bow) (Bow) (21d. Injury OCCURRED WORK) 21d. Thereby certify that I attended the deceased from (Month) (Day) (Yaw) (Bow) (Ar WORK) (Ar WORK) 22d. I hereby certify that I attended the deceased from (Month) (M	Enter only one cause per line for (a), (b), and (c)	R CONDITION ADDING TO DEATH*(a)	1 2	us	ONSET AND DEATH
tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death. 19a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUICIDE HOMICIDE HOMICIDE 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) (STATE) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Wallie AT WORK 21f. HOW DID INJURY OCCUR? 22f. I hereby certify that I attended the deceased from that death occurred at 1302 m., from the causes and on the date stated above. 22g. DATE SIGNATURE (Degree of title) 23d. DATE SIGNATURE (Degree of title) 23d. DATE SIGNATURE 24d. NAME OF CEMETERY OF OPERATION (Degree of title) 25f. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	the mode of dying, such as heart failure, asthemia, etc. It means the dis-	ions, if any, giving DUE TO (b) re cause (a) stating cause last.			
19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SUICIDE SUICIDE SUICIDE 10b. Month SUICIDE 10c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) OF INJURY 22l. Month WORK AT WORK AT WORK AT WORK AT WORK 22l. I hereby certify that I attended the deceased from County WORK AT WORK 22l. I hereby certify that I attended the deceased from County WORK AT WORK 22l. I hereby certify that I attended the deceased from County WORK 22l. I hereby certify that I attended the deceased from County WORK 22l. I hereby certify that I attended the deceased from County WORK 22l. SIGNATURE (Degree or title) 23d. ADDRESS (Degree or title) 23d. ADDRESS 24d. NAME OF CEMETERY OR GEMATORY 24d. LOCATION (Olty, town, or county) WORK 25. FUNERAL DIRECTOR'S SIGNATURE 27. 26 - So WE Hazelycod ADDRESS H. H. Lohmeyer Springfield, Mo.	tion which caused death. II. OTHER SIG	NIFICANT CONDITIONS		· · · · · · · · · · · · · · · · · · ·	519X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) (21e. INJURY OCCURRED OF INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 21f. HOW	19a. DATE OF OPERA- 19b. MAJOR F				
INJURY WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from Control to 1941, to Dec. 21, 195 that I last saw the deceased alive on 1962, 1952, and that death occurred at 61302 m., from the causes and on the date stated above. Control of the control of the causes and on the date stated above. Control of the control of the causes and on the date stated above. Control of the control of the causes and on the date stated above. Control of the causes and on the date stated above.	21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHI	P) (COUNTY)	
22. I hereby certify that I attended the deceased from Proved to 1941, to Dec. 21, 1959 that I last saw the deceased alive on the causes and on the date stated above. 22. I hereby certify that I attended the deceased from Proved to 1302 m., from the causes and on the date stated above. 23. SIGNATURE 1959, and that death occurred at 5302 m., from the causes and on the date stated above. 23. DATE SIGNED 22. DATE SIGNATURE SPRING FIELD 3 SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 26. So WE Handley 4400 H. H. Lchmeyer Springfield, Mo.	OF CARLON		21f. HOW DID INJURY OCCUR?		
Charles of title) Charles of title of	2. I hereby certify that I attended alive on 19.	the deceased from Quant	6, 1949, to Dec. 21	,, 1950 that I las	t saw the deceased above.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS 2-26-50 WE Handly 400 H.H. Lohmeyer Springfield, Mo.	in On mailon	(Degree or title)	23h ADDDESS A	por acr	
12-26-50 WE Handley un Do H.H. Lohmeyer Springfield, Mo.	245. BURIAL, CREMA- 245. DATE TION REMOVAL (Bradley) 12/23		OR CHEMATORY JAJ. LOCA Spr	ingfield, Mo	
(Licensed Embalmer's Statement on Reverse Side)	050	Handley 400	H.H. Lohmeyer		
•		(Licensed Embalmer's S	stement on Reverse Side)		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
	•
,	Student Embalmer No
PLI.	Ma Arra

Licensed Embalmer No. 2727 P. O. Address Jonano Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to cabove constitutes grounds for revocation of license.)

If this body is not and the state of the stat Student Embalmer

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.